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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No. <b>056204.53113US</b>	
		First Inventor <b>Hideyuki KAZUMI</b>	
		Title <b>Plasma Processing Apparatus</b>	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No.	

  

<b>APPLICATION ELEMENTS</b> SEE MPEP chapter 800 concerning utility patent application contents.	<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)  2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  3. <input checked="" type="checkbox"/> Specification [Total Pages: <b>23</b> ] (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R & D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure  4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets: <b>4</b> ]  5. Oath or Declaration [Total Sheets: <b>4</b> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed)  i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)  6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper  c. <input type="checkbox"/> Statements verifying identity of above copies
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<b>ACCOMPANYING APPLICATION PARTS</b>	
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents(s))  10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)  11. <input type="checkbox"/> English Translation Document (if applicable)  12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations  13. <input type="checkbox"/> Preliminary Amendment  14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  17. <input type="checkbox"/> Other: _____	18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:  <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____  Prior application information: Examiner: _____ Art Unit: _____ <b>For CONTINUATION OR DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

  

<b>19. CORRESPONDENCE ADDRESS</b>					
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<b>Country</b> <b>USA</b>		<b>Telephone</b> <b>202-624-2500</b>		<b>Fax</b> <b>202-628-8844</b>	
<b>Name (Print/Type)</b> <b>James F. McKeown</b>		<b>Registration No. (Attorney/Agent)</b> <b>25,406</b>			
<b>Signature</b> <i>[Signature]</i>		<b>Date</b> <b>January 27, 2004</b>			

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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13281 U.S. PTO  
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<div style="text-align: center;"><b>FEE TRANSMITTAL</b> <b>for FY 2004</b> <small>Effective 10/01/2003. Patent fees are subject to annual revision.</small></div>		<b>Complete if Known</b>																																																																																																																																																																																																																																											
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<b>METHOD OF PAYMENT</b> (check all that apply) <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None  <input type="checkbox"/> Deposit Account: Deposit Account Number: 05-1323 Deposit Account Name: Crowell & Moring LLP  The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any deficiency or credit any overpayments to the deposit account of the undersigned. Attorney Docket No. 056204.53113US  <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application.  <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee, to the above-identified deposit account.		<b>FEE CALCULATION</b> (continued)																																																																																																																																																																																																																																											
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1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																																																									
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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	James F. McKown	Registration No. (Attorney/Agent)	25,406
Signature		Telephone	202-624-2500
		Date	01/27/2004

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